Reflections

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Overview

• Identify the problem

• Assess state of the current training programs

• Looking forward: question of quantity and direction
The Problem

FIGURE 1
Annual Cash Flow Deficits in Social Security and Medicare
(Billions of dollars)

- Nominal Dollars
- 2004 Dollars

Source: 2004 Annual Reports of the Board of Trustees of Social Security and Medicare

FIGURE 2
Percent of Federal Income Tax Revenues Needed to Fund Social Security and Medicare Deficits

8.6%
28.6%
52.7%
76%

Disruptive Innovation and Productivity

New Practice Models

Image sources: www.msnbc.msn.com/id/8333424/
The Personal Health Record (PHR) Space

Provider Market
- Data Warehouse
- Portals
- Transactions

HRN
- Connectivity
- Patient Data Storage

Consumer Market
- Disease Management
- High deductible Health plans
- Preventive Medicine
Economics of Training: Sustainable?

- Training programs have become educational as well as service programs with strict curricular requirements (but no funding)

- Financial: subsidize residency/fellowships from clinical revenues

- Decrease clinical faculty salaries due to decreased productivity and training expenses

- Graduates enter private market and compete with the training site (at private salaries)
Physicians (and hospitals) should not be fixed assets, but re-deployable assets (decrease pressure to earn your living before you are technologically replaced, increase workforce productivity)
Training: Going Forward

- Current training requirements may not meet workforce or productivity goals

- We need to modify physician education to help address our challenges in the healthcare system

- Specialty orientation of our current trajectory may not meet any of these goals; can we consider a ‘just-in-time’ training regime?

- We need to understand the economics of a new training paradigm that can be sustainable